

in the BRFSS. As a general population based survey, the BRFSS is not targeted toward those at highest risk for HIV infection.

**4.2.1.9 Youth Risk Behavior Surveillance System.** This surveillance system consists of school and household-based surveys of adolescents ages 12-21 across a broad range of health risk behaviors.

*Stated Objectives and Overview:* 1) To focus attention on specific behaviors among youth that cause the most important health problems; 2) to assess whether those behaviors are increasing, decreasing, or remaining the same; 3) to provide data that are comparable among national, state, and local samples of youth.

The Youth Risk Behavior Surveillance System (YRBSS) was developed to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. The YRBSS monitors six categories of behaviors: 1) behaviors that contribute to unintentional and intentional injuries; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; 5) dietary behaviors; and 6) physical activity.

Questions about HIV address exposure to HIV education, sexual activity (age at onset, number of partners, condom use, preceding drug or alcohol use), contraceptive use, and pregnancy.

*Target Population:* The YRBSS consists of national, state, and local school-based surveys of representative samples of 9th- through 12th-grade students, college students, and a national household-based survey of 12 through 21 year-olds. In 1993, 43 states and territories and 13 large cities conducted the YRBSS.

*Strengths:* Youth risk behavior surveys are being conducted every odd year by HIV program directors in state and local education agencies throughout the country as part of their cooperative agreements with CDC. The YRBSS questionnaire and protocol can be adapted to meet state and local needs. The YRBSS questionnaire has been modified for college populations and will be modified for other special populations over time. The YRBSS provides information from representative samples of students in public and private schools in urban, suburban, and rural areas, of both sexes, and of different racial/ethnic groups, as well as in-school and out-of-school youth. Results from the state and local surveys are returned to each site within 6 to 8 weeks of submission of data to CDC. National school-based survey results are published within a year of completion of data collection.

*Limitations:* Not all funded states and cities participate. Not all participating states and cities have been able to use all of the core questions. Not all participating states and cities are successful in implementing recommended sampling and administration procedures. As a general survey, space for HIV questions is limited. At present, there are no questions about homosexual behavior.

**4.2.1.10 Surveillance of Bacterial Sexually Transmitted Diseases.** A sexually transmitted infection other than HIV infection represents a visible and immediate health problem that stems from unprotected intercourse with an infected partner. Sexually transmitted disease (STD) patterns in a community represent markers of unsafe sexual behavior that may predict the likelihood and rate of future spread of HIV infection as networks of sexually active people acquire HIV infection. Information from STD surveillance systems can be used to describe sub-populations and geographic areas in which unsafe sexual behaviors occur in order to target primary and secondary HIV prevention activities.

All states and most large city and county health departments have full-time STD prevention programs that support walk-in diagnostic and treatment services and community-wide active case detection services through screening and partner notification activities. All states, territories, and some local jurisdictions receive federal funds from CDC to supplement state and local STD prevention efforts. Many state and local programs are extending their potential impact through formal alliances with public and private providers who provide STD services in sites such as reproductive health centers, prenatal clinics, adolescent and student health clinics, community health centers, substance abuse clinics, and correctional institutions.

*Stated Objective and Overview:* Gonorrhea and syphilis incidence data are used by programs to monitor local and state trends, identify high-risk groups, allocate resources, and monitor program effectiveness.